

FIG. 2
BACKGROUND ART

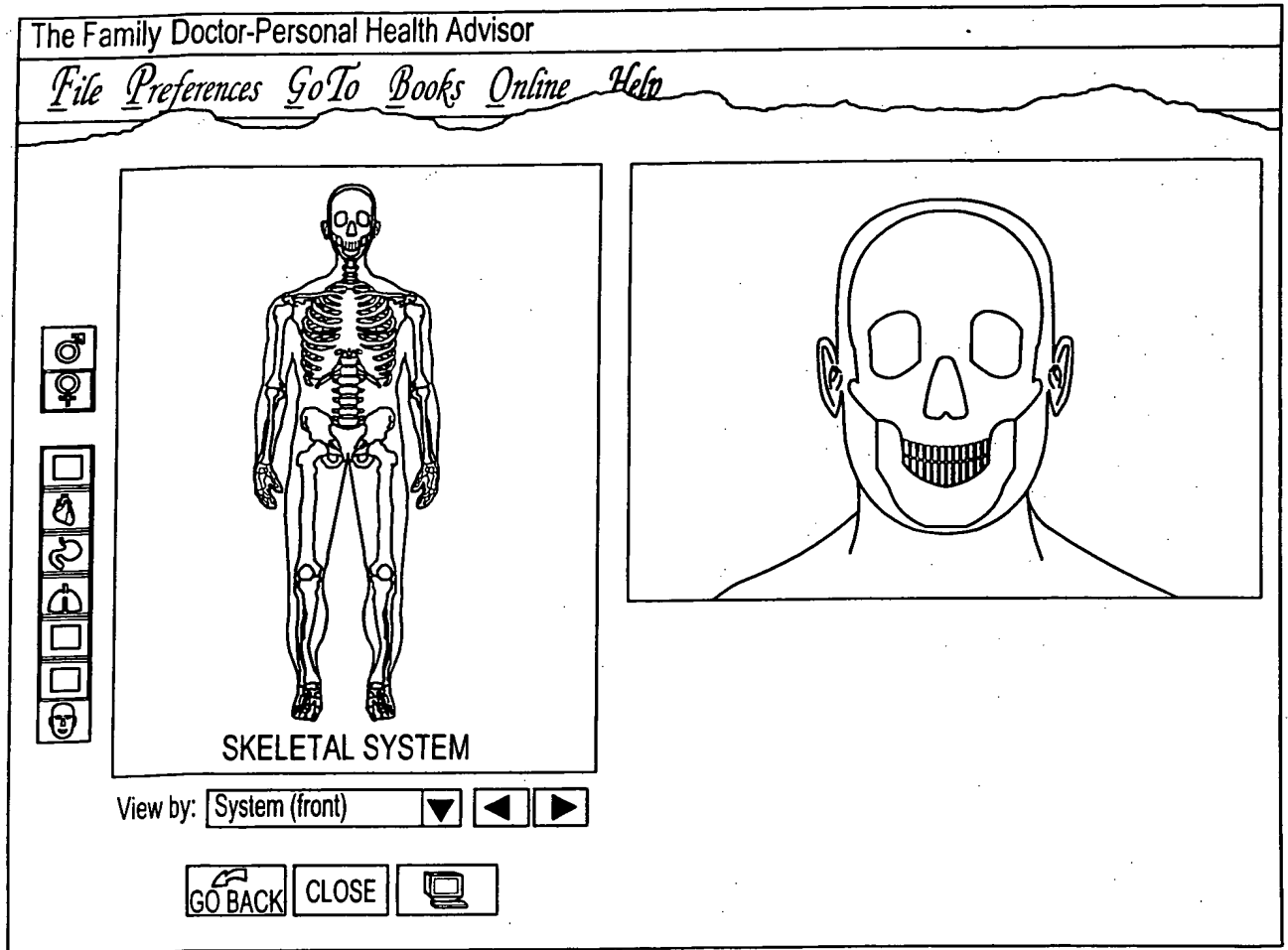


FIG. 3
BACKGROUND ART

FIG. 4
BACKGROUND ART

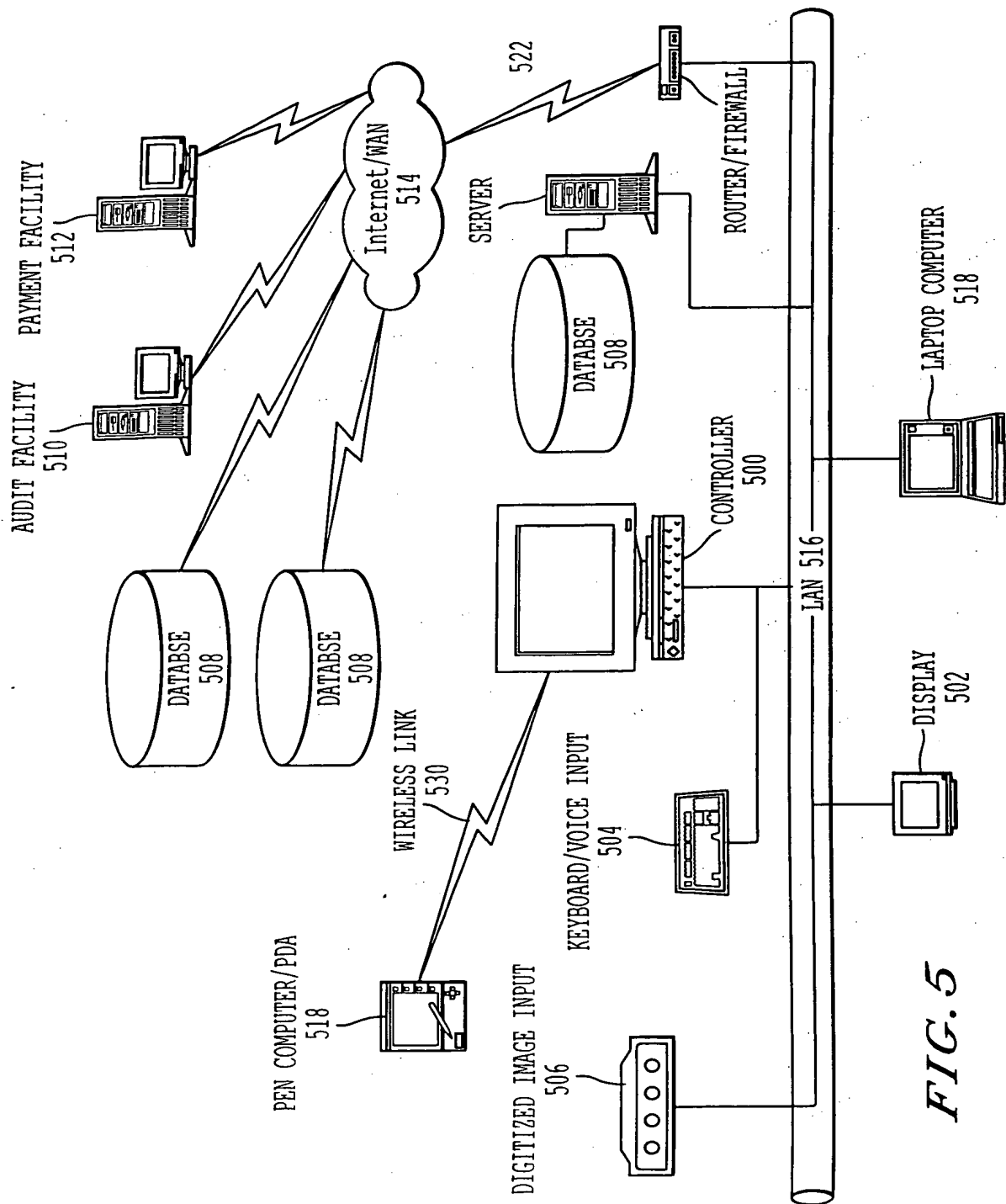
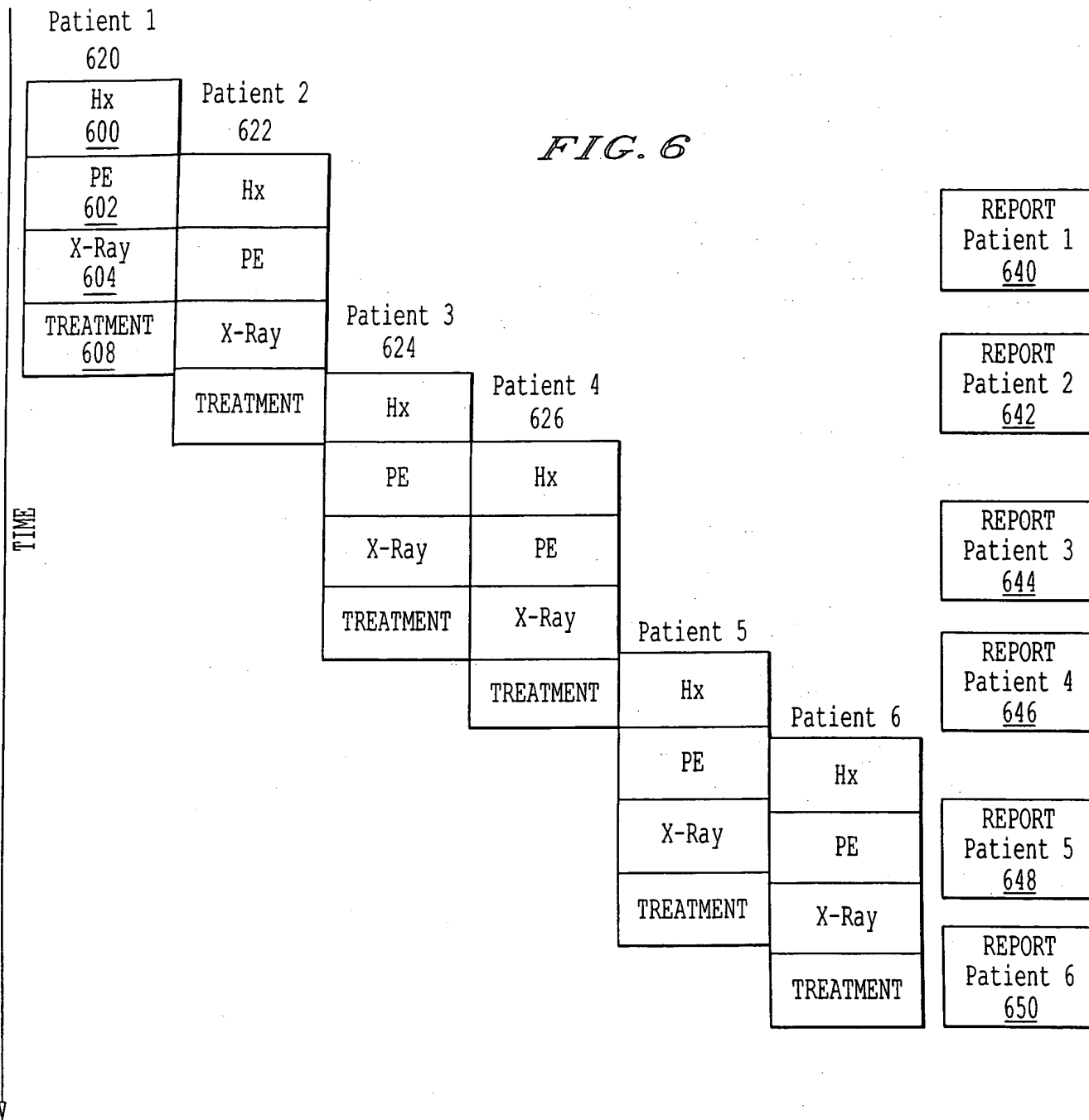
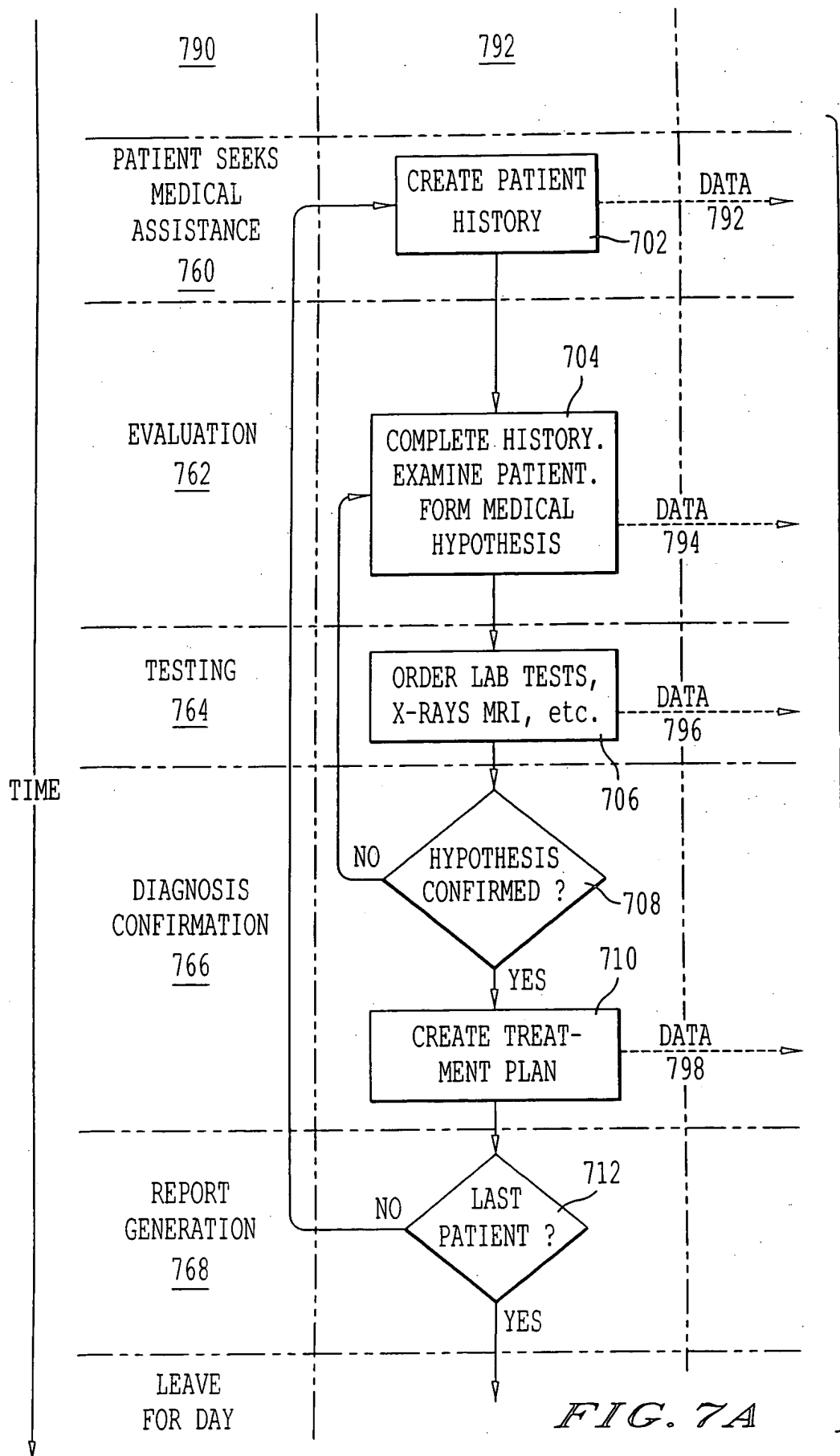
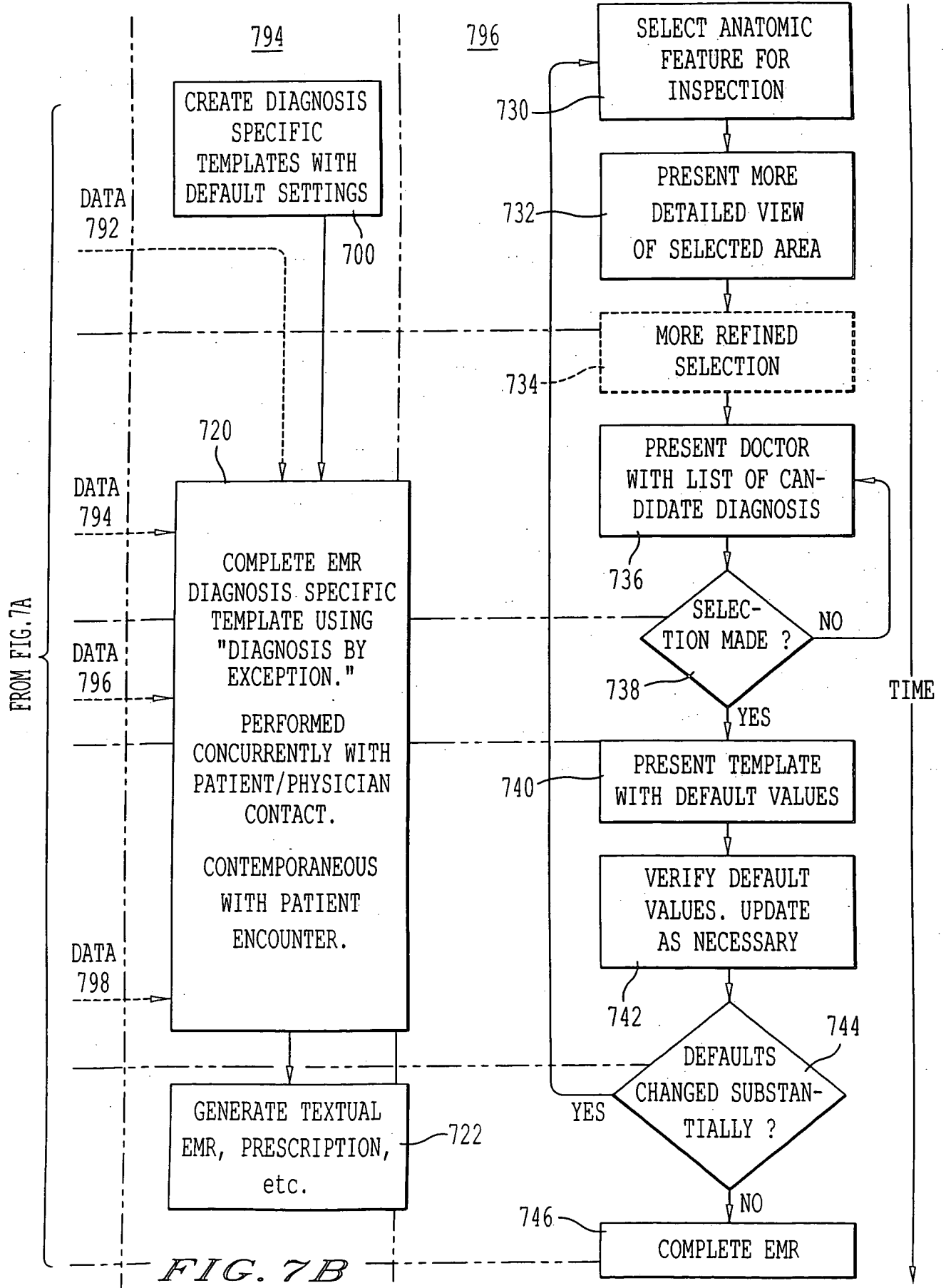


FIG. 5







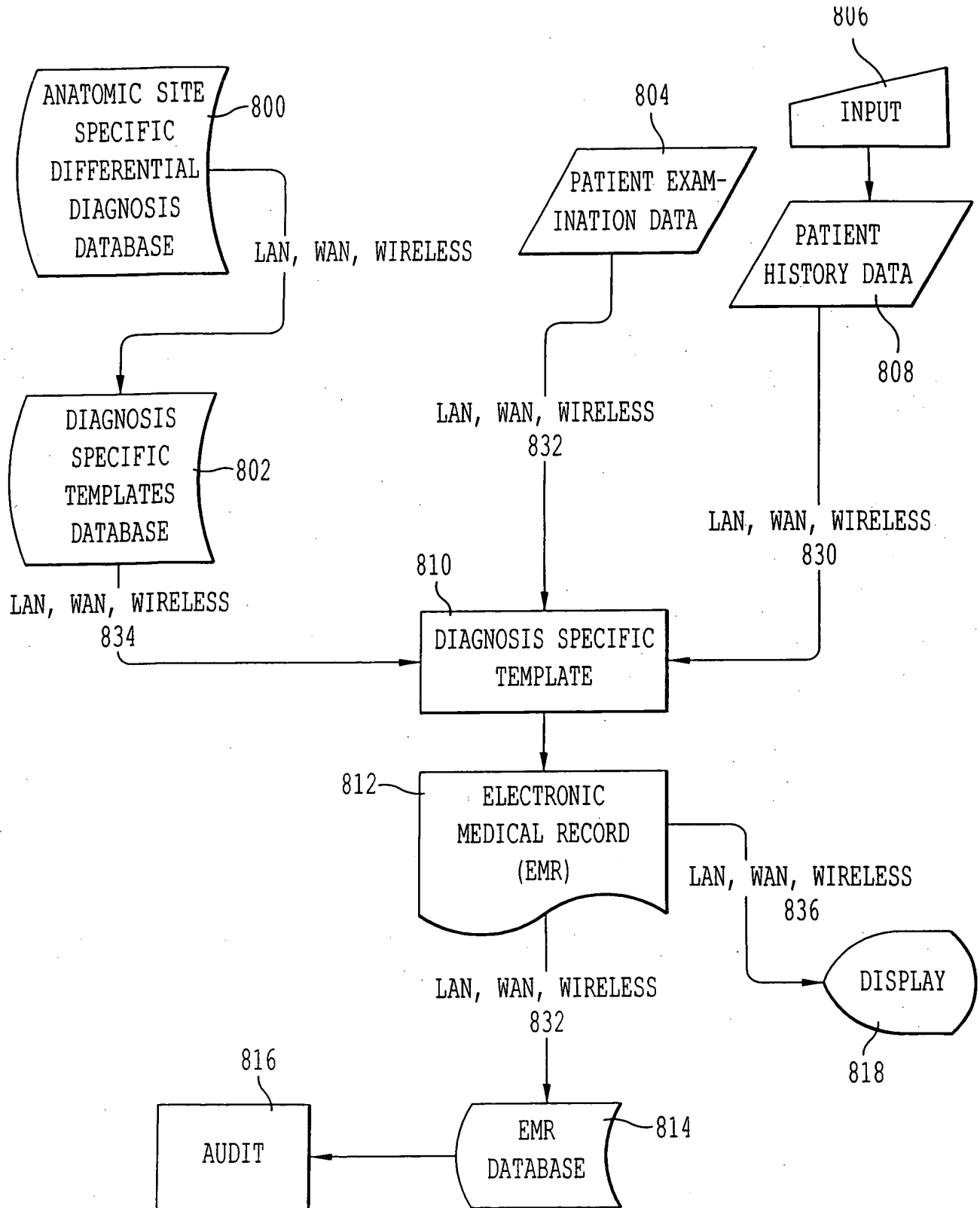


FIG. 8

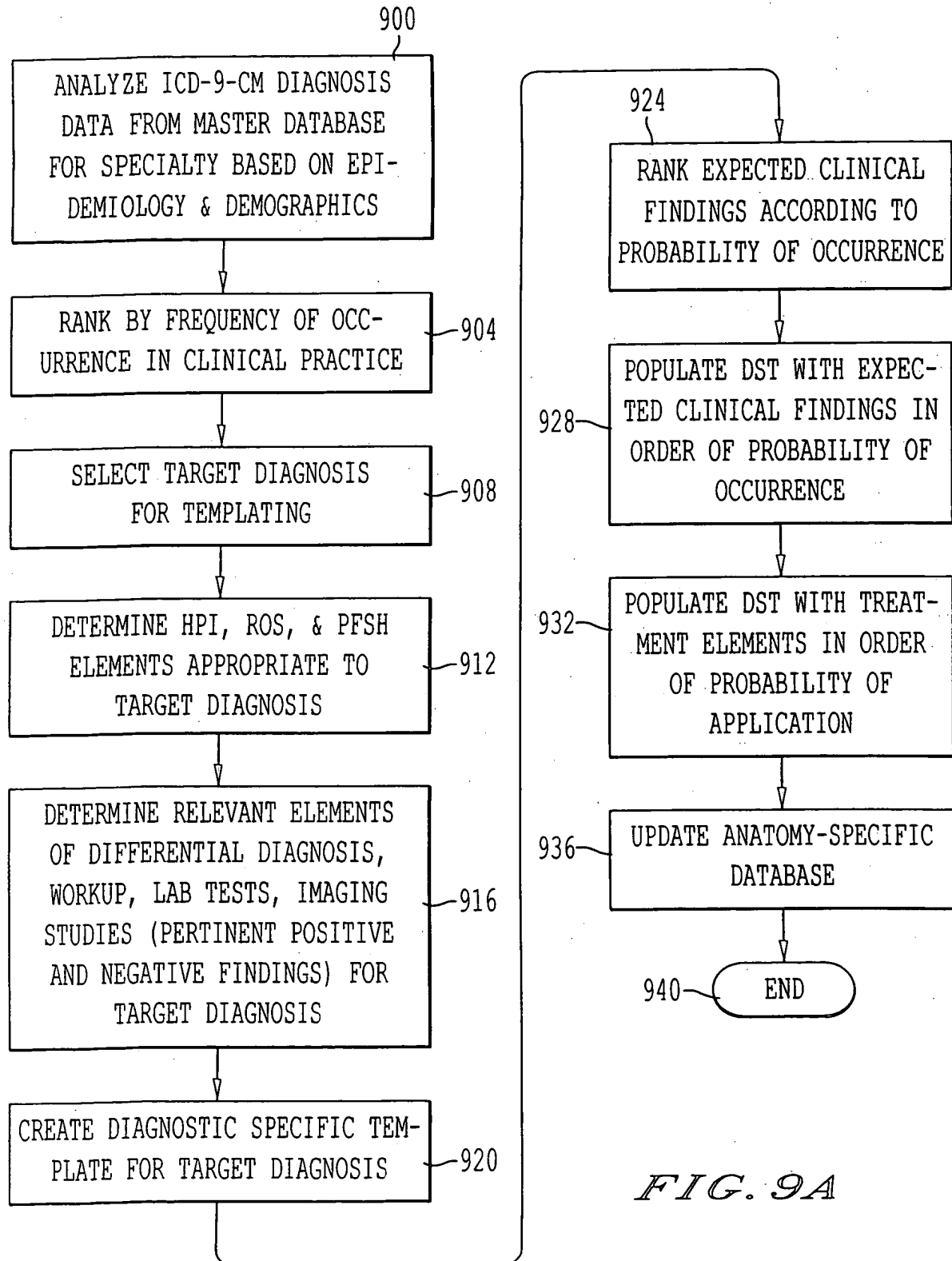


FIG. 9A

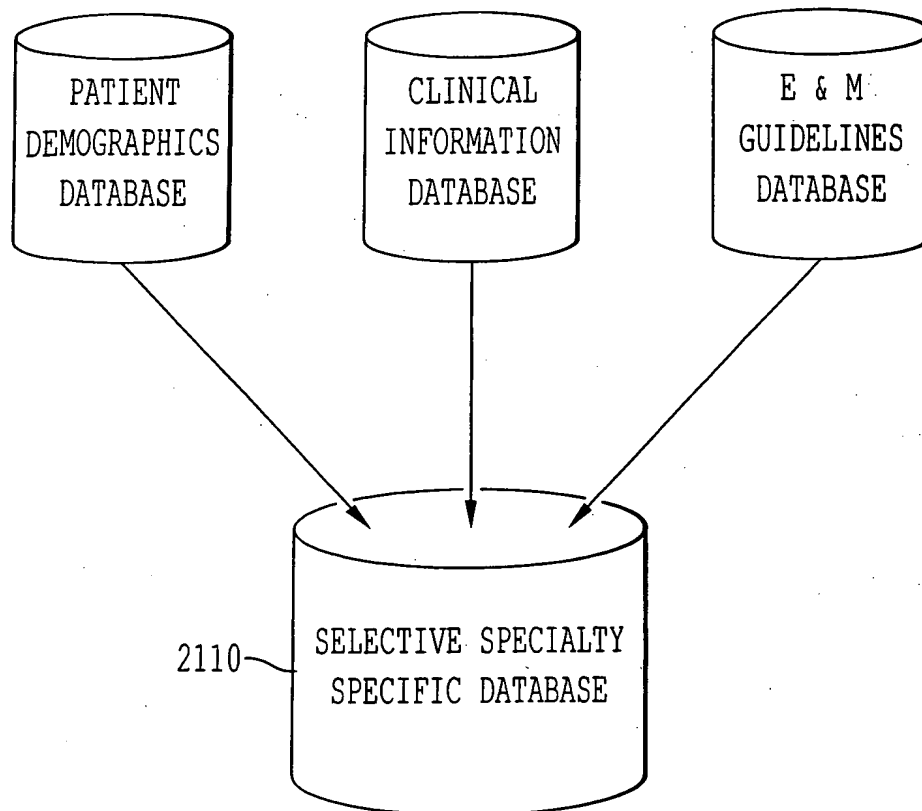


FIG. 9B

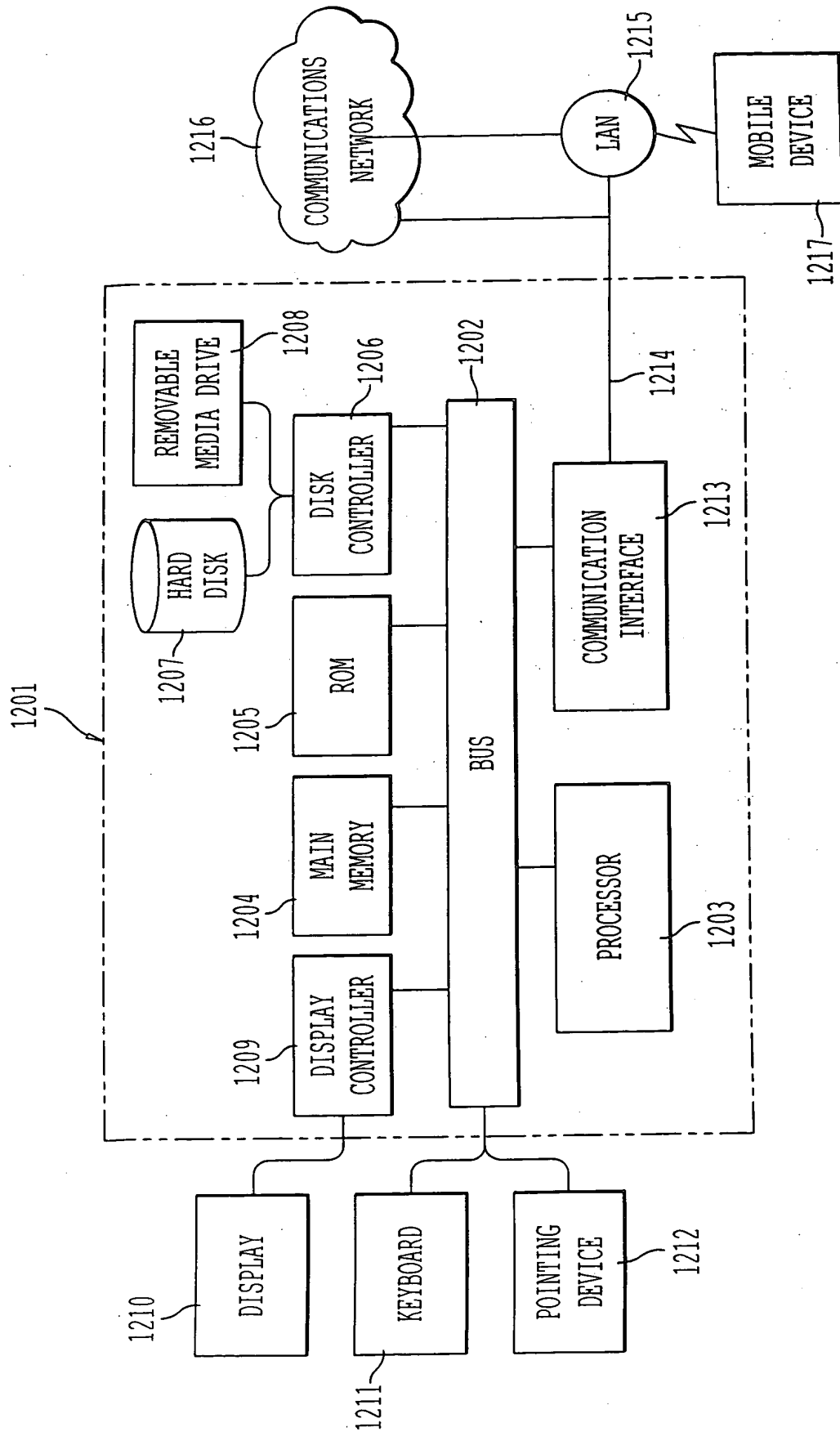


FIG. 10

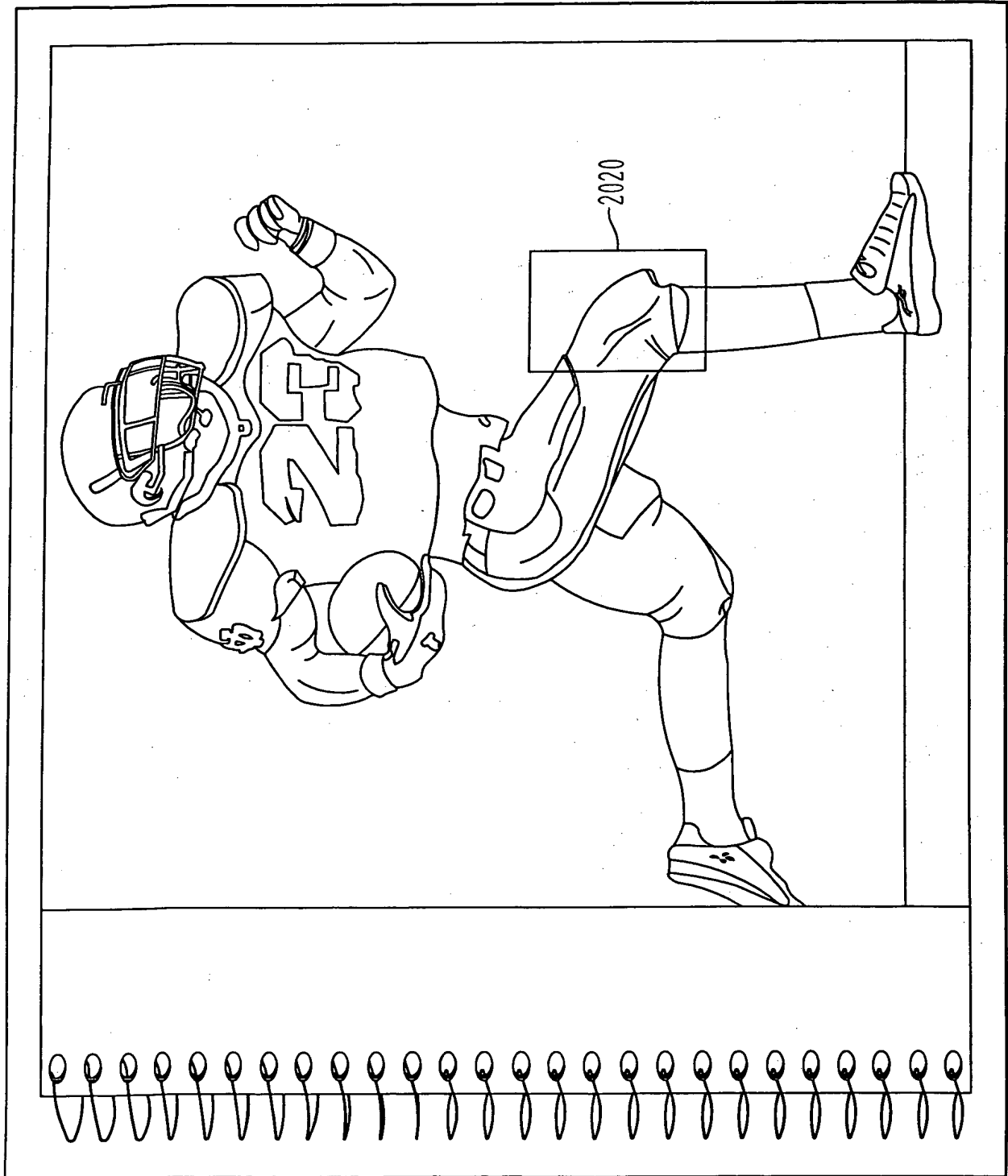


FIG. 11A

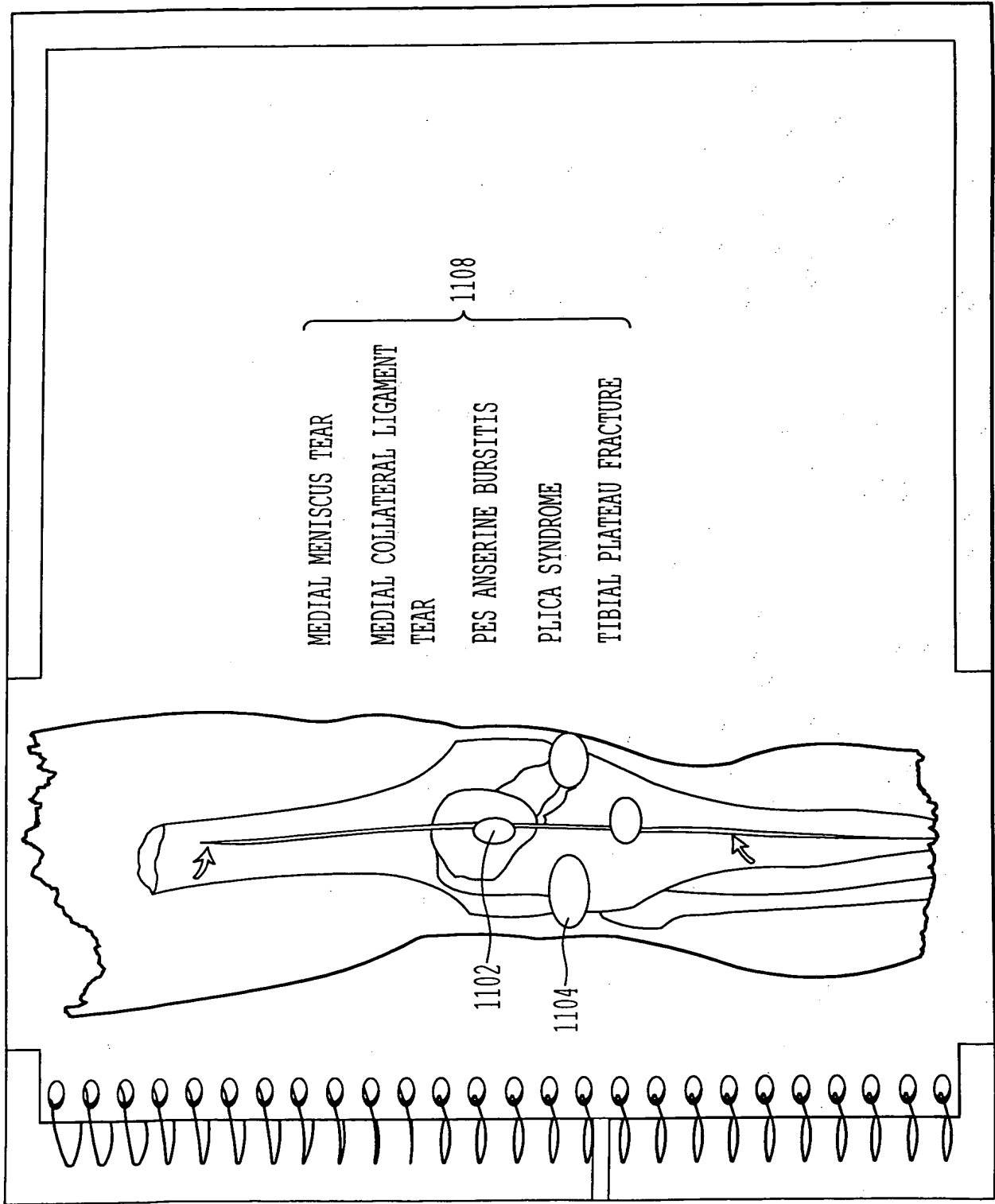


FIG. 11B

| | |
|---|---|
| 12106 | ANATOMY-SPECIFIC PRESENT PATIENT HISTORY |
| 12104 | KNEE |
| 12106 | MEDIAL MENISCUS TEAR ACUTE |
| 12108 | RIGHT KNEE / LEFT KNEE / BOTH KNEES |
| DURATION: | |
| DAYS / WEEKS / MONTHS / YEARS | |
| 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 / 11 | |
| 12118 | ONSET: |
| 12120 | SUDDEN |
| 12122 | NO INJURY |
| 12126 | INJURY |
| 12128 | FALL / TWIST / IMPACT / OVERUSE |
| 12124 | PLAYING SOCCER / TENNIS / BASEBALL |
| | BASKETBALL / GOLF / FOOTBALL |
| | LACROSS / GYMNASTIC / RUNNING |
| | : AT WORK |
| | GRADUAL |
| | : UNUSUAL ACTIVITY?: YES / NO |
| | SLJBACUTE |
| | POP OR SNAP NOTED |
| | NO / YES |
| | LOCATION OF PAIN |
| | - KNEE |
| | FRONT / BACK / INSIDE / OUTSIDE |
| | .. (ANTERIOR / POSTERIOR.. / MEDIAL / LATERAL |
| | JOINT LINE |
| | .., ALL OVER |

| | |
|-------|--------|
| 12170 | hx |
| 12172 | pe |
| 12176 | rad |
| 12178 | diag |
| 12180 | plan |
| 12182 | report |

FIG. 12A

hx

pe

rad

diag

plan

report

KNEE P.E.

MEDIAL MENISCUS TEAR ACUTE

(POSITIVE FINDINGS ONLY)

INSPECTION — 12210

12208 — Color — Normal

Abnormal — Slight / Moderate / Severe

Ecchymosis

Erythema

Pallor

Plethora

Cyanosis

12222 — Clinical Deformity — no

Ant / Post / Med / Lat

Mild / Mod / Severe — 12226

12234 — Atrophy (No, Mild, Moderate, Marked)

Swelling — No

Localized

Mild / Mod / Severe

Ant / Post / Med / Lat

12250 — Diffuse

Slight / Mod / Marked

Ant / Post / Med / Lat

Prepatellar Bursa

Infrapatellar Bursa

Pes Anserine Bursa

Popliteal Space

Calf

FIG. 12B

hx

pe

rad

diag

plan

report

Effusion ---- None
Mild / Mod / Marked

PALPATION

Normal

Tenderness ---- none
- Slight / Mod / Marked

Trigger

Diffuse

Joint Line

Ant / Post / Med / Lat

Medial collateral ligament

Proximal Attachment

Distal Attachment

Patella ----
Medial
Lateral
Medial and Lateral

Tibial Tubercle

Prepatellar Bursa

Infrapatellar Bursa

Lateral Condyle

Medial Condyle

Fibular Head

Popliteal Space

Calf

Calor ---- Normal
Increased
Mild / Mod / Marked

Mass ---- No
Soft / Firm / Doughy / Hard / Flocculent

FIG. 12C

hx

pe

rad

diag

plan

report

PASSIVE ROM

Normal

Decreased --- Slightly / Moderately / Markedly

WITH --- Mild / Moderate / Marked PAIN

WITHOUT pain

WITH creptance

EXT _____ Degrees ---

0 10 20 30 40 50 60 70 80 90 100 110 120 130 140

FLEX _____ Degrees ---

0 10 20 30 40 50 60 70 80 90 100 110 120 130 140

150 160 170

MC MURRAY'S TEST

NEGATIVE

POSITIVE -- WITH PAIN BUT NO CLICK

-- WITH PAIN AND A CLICK

INSTABILITY

No

Mild / Mod / Marked

ANTERIOR

* Lachman Test (+) / (-) / (+/-)

* Anterior Drawer Sign (+) / (-) / (+/-)

* Pivot Shift Test (+) / (-) / (+/-)

POSTERIOR

* Posterior drawer --- (+) / (-) / (+/-)

* Sag Sign (+) / (-) / (+/-)

LATERAL

MEDIAL

0

10

20

30

40

50

60

70

80

90

100

110

120

130

140

150

160

170

FIG. 12D

hx

pe

rad

diag

plan

report

Creptance --- No

Mild / Mod / Marked

Subcutaneous

Deep

Size _____ Diameter

Adenopathy --- NO

Yes -- groin

Popliteal cyst -- no

- small / medium / large

Popliteal aneurysm -- no

- small / medium / large

Phlebitis -- No tenderness, color, cords or significant swelling

Calf,

Medial Thigh

Homan's Test - negative

- positive

RANGE OF MOTION

ACTIVE and PASSIVE ROM -- Normal

ACTIVE ROM

Normal

Decreased --- Slightly / Moderately / Markedly

WITH pain -- Mild / Moderate / Marked

WITHOUT pain

WITH creptance

EXT _____ Degrees ---

(-10) 0 10 20 30 40 50 60 70 80 90 100 110 120 130 140

FLEX _____ Degrees

0 10 20 30 40 50 60 70 80 90 100 110 120 130 140

140 150 160 170

FIG. 12E

| | | |
|--|--|--|
| <div><div>hx</div><div>pe</div><div>rad</div><div>diag</div><div>plan</div><div>report</div></div> | | <p><u>NEUROLOGIC :</u></p> <p>MOTOR, SENSORY, AND REFLEXES NORMAL</p> <p>MOTOR :</p> <ul style="list-style-type: none">- WEAK EXTENSION- WEAK FLECTION- ABSENT EXTENSION <p>SENSORY :</p> <ul style="list-style-type: none">- NORMAL- HYPESTHESIA (M/L/A/P)- ANESTHESIA (M/L/A/P) <p>REFLEXES :</p> <ul style="list-style-type: none">- NORMAL- KNEE JERK : NORMAL DIMINISHED- ANKLE JERK : NORMAL DEMINSISHED <p><u>VASCULAR</u></p> <p>NORMAL DORSALIS PEDIS AND POSTERIOR TIBIAL PULSES</p> <p>DORSALIS PEDIS</p> <ul style="list-style-type: none">- NORMAL- DEMINISHED <p>POSTERIOR TIBIAL</p> <ul style="list-style-type: none">- NORMAL- DEMINISHED |
|--|--|--|

FIG. 12F

13102 TEXT SUMMARY

PRESENT HISTORY

MEDIAL MENISCUS TEAR

THIS IS A 25 YR. OLD, CAUCASIAN MAN, WHO SUSTAINED A SPORTS INJURY TO HIS RIGHT KNEE WHEN HE FELL AND TWISTED IT PLAYING SOCCER 5 DAYS AGO. 13122

HE HAD IMMEDIATE PAIN OVER THE MEDIAL JOINT LINE. NO POP OR SNAP WAS NOTED. HE NOTED MILD SWELLING OF SLOW ONSET. HE IS UNABLE TO FULLY FLEX OR EXTEND THE KNEE. THE PAIN HAS SINCE BEEN CONSTANT. NO ECCHYMOSIS, ERYTHEMA, NUMBNESS, BUCKLING, GRINDING OR CALF PAIN HAVE BEEN NOTED. HIS PAIN IS GETTING WORSE.

HE FEELS BETTER WITH ICE, REST, KNEE FLEXION, AND IBUPROFEN. HIS PAIN IS MADE WORSE WITH ACTIVITY, KNEE EXTENSION, TWISTING, SQUATTING, AND RUNNING. HE IS UNABLE TO PARTICIPATE IN SPORTS AND IS LIMITED IN ACTIVITIES OF DAILY LIVING. HE HAS MISSED 3 DAYS OF WORK DUE TO THE INJURY.

hx

pe

rad

diag

plan

report

FIG. 13A

PHYSICAL EXAM:
MEDIAL MENISCUS TEAR - ACUTE
TEXT

13210 — 13218

13214 — INSPECTION REVEALED NORMAL SKIN COLOR WITH NO
13220 — CLINICAL DEFORMITY OR ATROPHY. THERE WAS MODERATE,
DIFFUSE SWELLING. A MODERATE EFFUSION WAS PRESENT.

PALPATION REVEALED MARKED, TRIGGER TENDERNESS
OVER THE MEDIAL JOINT LINE. NO COLOR, MASSES,
CREPITANCE, ADNOPATHY, POPLITEAL CYSTS, ANEURYSMS
OR PHLEBITIS WAS NOTED.

ACTIVE AND PASSIVE MOTION WAS DECREASED
SLIGHTLY WITH MODERATE PAIN. MCMURRAYS TEST WAS
POSITIVE FOR MEDIAL PAIN BUT NO CLICK. NO INSTABILITY
WAS NOTED.

LACHMAN TEST, ANTERIOR DRAWER, POSTERIOR
DRAWER, PIVOT SHIFT AND SAG SIGN WERE NEGATIVE.
NEUROLOGICAL EXAM SHOWED NORMAL MOTOR.
SENSORY, AND REFLEXES. VASCULAR EXAM SHOWED NORMAL
DORSALIS PEDIS AND POSTERIOR TIBIAL PULSES.

hx

pe

rad

diag

plan

report

FIG. 13B

KNEE : NORMAL (AGE < 15 YRS)

LATERAL, SUNRISE AND STANDING ANT/POST
X-RAYS OF THE RIGHT KNEE TAKEN TODAY IN THE
OFFICE AND INTERPRETED BY ME SHOW NO ACUTE OR
CHRONIC CHANGES. THE JOINT SPACES ARE WELL
PRESERVED; NO OSTEOPHYTES ARE NOTED;
MINERALIZATION IS GOOD; NO OSTEOCHONDRAL
DEFECTS ARE NOTED; PATELLAR ALIGNMENT IS
SATISFACTORY. PHYSES ARE PATENT AND APPEAR
NORMAL

SIG. _____

hx

pe

rad

diag

plan

report

FIG. 14

KNEE : AGE > 65 YRS
MILD DJD MEDIAL

LATERAL, SUNRISE AND STANDING ANT/POST
X-RAYS OF THE RIGHT KNEE TAKEN TODAY IN THE
OFFICE AND INTERPRETED BY ME SHOW NO ACUTE
CHANGES. THE MEDIAL JOINT SPACE IS SLIGHTLY
NARROW AND MAY SHOW SLIGHT SUBCHONDRAL
SCLEROSIS. THE OTHER JOINT SPACES ARE WELL
PRESERVED; NO OSTEOPHYTES ARE NOTED;
MINERALIZATION IS GOOD; NO OSTEOCHONDRAL
DEFECTS ARE NOTED; PATELLAR ASSIGNMENT IS
SATISFACTORY.

SIG. _____

hx

pe

rad

diag

plan

report

FIG. 15

X - RAYS

KNEE : NORMAL (AGE 15 - 65 YRS)

LATERAL, SUNRISE AND STANDING ANT/POST
X-RAYS OF THE RIGHT KNEE TAKEN TODAY IN THE
OFFICE AND INTERPRETED BY ME SHOW NO ACUTE OR
CHRONIC CHANGES. THE JOINT SPACES ARE WELL
PRESERVED; NO OSTEOPHYTES ARE NOTED;
MINERALIZATION IS GOOD; NO OSTEOCHONDRAL
DEFECTS ARE NOTED;
PATELLAR ALIGNMENT IS SATISFACTORY.

SIG. _____

hx

pe

rad

diag

plan

report

FIG. 16

OUTSIDE X-RAYS WITH PATIENT :

NORMAL

THE PATIENT BRINGS X-RAYS OF THE RIGHT
KNEE TAKEN _____, IN ANT/POST, LATERAL AND
OBLIQUE VIEWS. THEY ARE REVIEWED BY ME WITH
THE PATIENT. THEY SHOW NO ACUTE OR CHRONIC
CHANGES. THE JOINT SPACES ARE WELL PRESERVED;
NO OSTEOPHYTES ARE NOTED; MINERALIZATION IS
GOOD; NO OSTEOCHONDRAL DEFECTS ARE NOTED. A
SUNRISE VIEW IS TAKEN TODAY WHICH I FEEL SHOWS
THAT PATELLAR ALIGNMENT IS SATISFACTORY.

SIG. _____

hx

pe

rad

diag

plan

report

FIG. 17

| | |
|--|--|
| <div>1802 — TREATMENT : KNEE MEDIAL MENISCUS TEAR - ACUTE</div> | |
| <div>SURGERY: 1806 PROVIDED EDUCATIONAL BROCHURES AND INFORMED CONSENT INFORMATION</div> | |
| <div>1820 ARTHROSCOPY OPEN REPAIR TOTAL KNEE EXCISION OF CYST</div> | |
| <div>PHYSICAL THERAPY : BIW x 2/3/4/5/6/7/8 WKS TIW x 2/3/4/5/6/7/8 WKS</div> | |
| <div>REST, ICE AND ELEVATION CRUTCHES AS NEEDED CRUTCHES PROVIDED KNEE SUPPORT</div> | |
| <div>NSAID IBUPROPHEN ALEVE 1844 TRIBUFFERED ASPERIN OTHER _____</div> | |
| <div>INDOCIN VIOXX CELEBREX</div> | |
| <div>ANALGESICS TYLENOL DARVOCET N-100 TYLENOL #3 OTHER _____</div> | |
| <div>VICODIN VICOPROFEN PERCOCET</div> | |

1870

hxpe rad diag plan report

FIG. 18

1902 — SUMMARY TEXT H.P.I. + P.E.
1904 — MEDIAL MENISCUS TEAR — ACUTE

PATENT NAME: CHASE LOUNGE
DATE OF CONSULTATION: 12/12/00
REFERRING PHYSICIAN: NAUGA HYDE, MD

1920 — THIS IS A 25 YR. OLD, CAUCASIAN MAN, WHO SUSTAINED A SPORTS INJURY TO HIS RIGHT KNEE WHEN HE FELL AND TWISTED IT PLAYING SOCCER 5 DAYS AGO.

HE HAD IMMEDIATE PAIN OVER THE MEDIAL JOINT LINE. NO POP OR SNAP WAS NOTED. HE NOTED MILD SWELLING OF SLOW ONSET. HE IS UNABLE TO FULLY FLEX OR EXTEND THE KNEE. THE PAIN HAS SINCE BEEN CONSTANT. NO ECCHYMOSIS, ERYTHEMA, NUMBNESS, BUCKLING, GRINDING OR CALF PAIN HAVE BEEN NOTED. HIS PAIN IS GETTING WORSE.

HE FEELS BETTER WITH ICE, REST, KNE FLEXION, AND IBUPROFEN. HIS PAIN IS MADE WORSE WITH ACTIVITY, KNEE EXTENSION, TWISTING, SQUATTING, AND RUNNING. HE IS UNABLE TO PARTICIPATE IN SPORTS AND IS LIMITED IN ACTIVITIES OF DAILY LIVING. HE HAS MISSED 3 DAYS OF WORK DUE TO THE INJURY.

INSPECTION REVEALED NORMAL SKIN COLOR WITH NO CLINICAL DEFORMITY OR ATROPHY. THERE WAS MODERATE, DIFFUSE SWELLING. A MODERATE EFFUSION WAS PRESENT.

PALPATION REVEALED MARKED, TRIGGER TENDERNESS OVER THE MEDIAL JOINT LINE. NO CALOR, MASSES, CREPITANCE, ADENOPATHY, POPLITEAL SYSTS, ANEURYSMS OR PHLEBITIS WAS NOTED.

ACTIVE AND PASSIVE MOTION WAS DECREASED SLIGHTLY WITH MODERATE PAIN. MCMURRAYS TEST WAS POSITIVE FOR MEDIAL PAIN BUT NO CLICK. NO INSTABILITY WAS NOTED.

LACHMAN TEST, ANTERIOR DRAWER, POSTERIOR DRAWER, PIVOT SHIFT AND SAG SIGN WERE NEGATIVE.

FIG. 19A

NEUROLOGIC EXAM SHOWED NORMAL, MOTOR, SENSORY,
AND REFLEXES. VASCULAR EXAM SHOWED NORMAL DORSAL
PEDIS AND POSTERIOR TIBIAL PULSES.

X-RAYS RIGHT KNEE:

LATERAL, SUNRISE AND STANDING ANT/POST
X-RAYS OF THE RIGHT KNEE TAKEN TODAY IN THE OFFICE
AND INTERPRETED BY ME SHOW NO ACUTE OR CHRONIC
CHANGES. THE JOINT SPACES ARE WELL PRESESRVED; NO
OSTEOPHYTES ARE NOTED; MINIRALIZATION IS GOOD; NO
OSTEOCHONDRAL DEFECTS ARE NOTED;
PATELLAR ALIGNMENT IS SATISFACTORY.

SIG. _____

DIAGNOSTIC IMPRESSION: TORN MEDIAL MENISCUS, RIGHT
KNEE, ACUTE (ICD-9 CODE 836.0)

DIAGNOSTIC STUDIES: MRI

TREATMENT PLAN:

REST, ICE AND ELEVATION
CRUTCHES AS NEEDED – CRUTCHES PROVIDED
KNEE SUPPORT – COMPRESSIVE
NSAID – ALEVE

REPORT TO PCP
OFU AFTER MRI

SIG. _____

FIG. 19B